

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/13/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155656		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/08/2011	
NAME OF PROVIDER OR SUPPLIER CANTERBURY NURSING AND REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2827 NORTHGATE BLVD FORT WAYNE, IN 46835			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to a Recertification and State Licensure Survey completed on 4/29/11. This visit included the PSR to the Investigation of Complaint IN00089585 completed on 4/29/11.</p> <p>This visit was in conjunction with the Investigation of Complaint IN00091466</p> <p>Complaint IN00089585-Not corrected.</p> <p>Survey dates: June 6, 7, and 8, 2011</p> <p>Facility number: 000275 Provider number: 155656 AIM number: 100290930</p> <p>Survey team: Tim Long, RN-TC Julie Wagoner, RN</p> <p>Census bed type: SNF/NF: 116 Residential: 15 Total: 131</p> <p>Census Payor type: Medicare: 15 Medicaid: 89 Other: 27 Total: 131</p> <p>Sample: 14</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p>			{F 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 000}	Continued From page 1	{F 000}					
{F 272}	Quality Review completed on June 10, 2011 by Bev Faulkner, RN	{F 272}					
SS=E	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.						

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{F 272}	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure follow up assessments for infections and/or change of conditions were completed for 2 of 14 residents reviewed for infections and change of conditions in a sample of 14. (Residents A and C)</p> <p>Finding includes:</p> <p>1. During the initial tour of the facility, conducted on 06/06/11 between 10:00 A.M. - 11:15 A.M., LPN #1 indicated Resident C was newly admitted to the facility, was on an antibiotic, which she received at dialysis for a bacteremia infection.</p> <p>The clinical record for Resident #C was reviewed on 06/07/11 at 1:00 P.M., Resident #C was admitted to the facility on 05/27/11 with diagnosis, including but not limited to osteomyelitis, bacteremia, and urinary tract infection (UTI).</p> <p>The initial medication orders for Resident C included the antibiotic medication Vancomycin to be given intravenously at her dialysis treatments three times weekly.</p> <p>A health care plan was initiated on 05/29/11 for the resident's infections with a surgical wound of the left below knee amputation, methicillin resistant staph aureus (MRSA) with no specific location indicated.</p>			{F 272}			

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{F 272}	<p>Continued From page 3</p> <p>Interview with the Director of Nursing (DN) on 6/7/11 at 9:30 A.M., indicated she thought the UTI diagnosis was not a current diagnosis when the resident was initially admitted to the facility on 5/27/11. However, on 6/7/11 at 10:00 A.M., the DN presented an abnormal urinalysis completed at the acute care facility on 5/25/11 which indicated the resident had methicillin resistant staphylococcus aureus (MRSA) 51,000-100,000 organisms per milliliter and a greater than 100,000 coagulase negative staphylococcus aureus present in her urine.</p> <p>Review of the nursing notes, post acute charting forms, and the initial nursing assessment indicated the resident's urinary system was generally assessed on 05/27/11 and the resident's urine was assessed on 05/31/11 at 12:00 A.M., but there were no other assessments regarding Resident C's infections completed.</p> <p>Interview with the Director of Nursing, on 06/07/11 at 1:00 P.M., indicated the facility had completed an initial nursing assessment and because the resident was not symptomatic of urinary tract infections, there was no reason to continue to monitor the resident's urinary tract infection.</p> <p>2. During the initial tour of the facility, conducted on 06/06/11 between 10:00 A.M. - 11:15 A.M., the (DN) indicated Resident #A had an eye infection.</p> <p>The clinical record was reviewed on 06/07/11 at 1:45 P.M. Review of a physician's order, dated 06/03/11, indicated an order for erythromycin (antibiotic) ointment, 1/4 inch, to be administered to her left eye every 2 hours "over the weekend."</p>			{F 272}			

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{F 272}	<p>Continued From page 4</p> <p>An order was received on 06/06/11 to discontinue the erythromycin ointment and to give Vigamox (antibiotic) drops to the left eye three times a day and lactilube ointment every two hours.</p> <p>There were no nursing notes from 05/25/11 - 06/06/11. A nursing note, dated 06/06/11 at 2:30 P.M., indicated the resident had a doctor's appointment and orders were received for the lacrilube ointment and Vigamox ointment. There was no assessment of the resident's eye until 06/07/11 at 10:15 A.M., which indicated the resident's left eye remained reddened.</p> <p>Interview with alert and oriented Resident #A, on 06/08/11 at 9:30 A.M., indicated the previous week her left eye had started "burning unbearably" and was "painful." She indicated the nurse made an appointment immediately with the eye doctor. She indicated she had a chronic eye issue for which she saw the eye doctor routinely every 6 months, but this pain and burning was not like her routine eye condition symptoms.</p> <p>Visual examination of the resident on 6/8/11 at 9:30 A.M., indicated the resident's left eye was very slightly reddened and some dry matter was noted on the edge of her eye. The resident indicated she had recently had "ointment" put in her eye. The resident was also wearing thick lens eye glasses.</p> <p>Review of physician progress notes for Resident #A, for her appointment on 06/03/11, indicated the resident presented with severe dry eyes, marginal keratitis in the left eye, a plug on the tip of the LLL (left lower lid), a crack at the nasal canthus, and 3 healing corneal ulcers, and a mild</p>			{F 272}			

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{F 272}	<p>Continued From page 5 infiltrate of the left cornea.</p> <p>Interview with the Director of Nursing, on 06/08/11 at 10:30 A.M., indicated the resident had chronic eye conditions and had previously received erythromycin ointment at bedtime due to her chronic blepharitis (inflammation of the hair follicles and glands along the eyelid) . She indicated she would have liked to have seen more documentation regarding the resident's eye condition.</p> <p>This deficiency was cited on 4/29/2011. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>This Federal tag is related to Complaint IN00089585.</p> <p>3.1-31(c)(3)</p>			{F 272}			